

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000519

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1289

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED FEB 8 1963

## 1. PLACE OF DEATH

a. COUNTY Butler

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Poplar BluffLength of stay in 1b  
Yearsc. CITY  
OR TOWN Poplar BluffInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Court HouseInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
1101 Cynthia St.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
ORVILLE A. TEDRICK4. DATE OF DEATH Month Day Year  
January 24, 19635. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 2/25/1896

9. AGE (last birthday) 66

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Judge of Circuit Court10b. KIND OF BUSINESS OR INDUSTRY  
Legal11. BIRTHPLACE (City and state or country)  
Effingham, Ill.12. CITIZEN OF WHAT COUNTRY  
U. S. A.

## 13a. FATHER'S NAME

Daniel Tedrick

## 13b. MOTHER'S MAIDEN NAME

Sarah E. Calhoun

## 14. NAME OF HUSBAND OR WIFE

Mrs. Eva Tedrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of serv)  
No

## 16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Mrs. Eva Tedrick, Poplar Bluff, Mo.18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute coronary occlusion Immediate  
Arteriosclerotic Heart Disease  
General arteriosclerosisConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 24 1963 to Jan 24 1963 and last saw him alive on Jan 24 1963  
Death occurred at 1:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Frank Cotrell

## 22b. ADDRESS

Poplar Bluff, Missouri.

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial23b. DATE  
1/26/196323c. NAME OF CEMETERY OR CREMATORY  
City23d. LOCATION (City, town, or county) (State)  
Poplar Bluff, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

FRANK-COTRELL CHAPEL. POPLAR BLUFF, Mo 2-5-1963

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Thelma Hecker

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

8

Sept. 25, 1896

Dec. 25, 1896

3/15/63

DOCUMENT

BY AFFIDAVIT OF *Frank Cotrell* MEDICAL CERTIFICATION

FEB 11 1963

MAR 13 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Edgar W. Laffoon*

Licensed Embalmer No.

*3394*

P. O. Address

*Poplar Bluff, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.